

Name of Insured _____

Address _____

Town/City, State, Zip _____

MA. CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
WORKERS' COMPENSATION PREMIUM CREDIT APPLICATION

The Massachusetts Construction Classification Premium Adjustment Program has been proposed for employers engaged in construction operations and is applicable to policies eligible for experience rating.

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of construction operations. In order that your premium may be correctly established, Please complete and return the attached premium application to: **The Workers' Compensation Rating and Inspection Bureau of MA, P.O. Box 9005, Boston, MA 02205, Attention: Underwriting Department**

They will advise us of any premium credit applicable.

IMPORTANT: Initial written notice of possible credit under this Program is given to you at policy inception or during the policy term. If you have not already submitted an application for credit prior to policy audit, you will be requested to sign a form acknowledging receipt of notice and, at the same time, requested to indicate whether you will apply for a credit. If you apply for a credit, you must submit a completed and signed application to the Bureau before the completion of the audit of the affected policy. In any event, the completed and signed application must be received by the Bureau within six months of the expiration date of the affected policy, or within one month of the time you receive written notice of the Program, whichever is later.

For each applicable classification (both construction and non-construction) covering your company's operations in the state of Massachusetts, report the total Massachusetts payroll (excluding overtime premium pay) and the corresponding total number of hours worked for the third calendar quarter (July, August, September) as reported to taxing authorities.

- Note # 1: If you did not engage in construction operations during the most recent third quarter, the requested information to be provided should then be for the last complete calendar quarter prior to the effective date of your workers' compensation policy.
- Note # 2: If you are a new business (no prior operations), submit the requested information for the first complete calendar quarter following the effective date of your workers' compensation policy when available.
- Note # 3: In the absence of specific records for salaried employers, you should assume that each individual worked forty (40) hours per week.

Please preserve your payroll records which formed the basis for this declaration as we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

**WORKERS' COMPENSATION
MA. CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
APPLICATION**

INSURED _____
 FEDERAL EMPLOYERS ID NO. _____
 ADDRESS _____
 CITY, STATE, ZIP _____

POLICY NO. _____ EFFECTIVE DATE _____

NOTICE: Unless Code(s), total wages paid, total hours worked, calendar quarter reported are indicated and application is signed, it cannot be processed. Contact your agent if assistance is desired.

CLASSIFICATIONS	CODE	TOTAL MA. WAGES PD*	TOTAL HRS.WORKED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Excluding Overtime premium pay.

The foregoing is based on actual wages and hours worked, as reflected in our payroll records for the complete calendar quarter ending _____

SIGNATURE _____ POSITION _____
 DATE _____